



Fractitioner's Docket No. KINGP.55031

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re prior application of: Judy G. SHANNON, et al.  
Application No.: 09/595,515  
Filed: June 15, 2000  
For: BOOKMARK

Group No.: 2859  
Examiner: A. Hirshfeld

**Box FEE AMENDMENT**  
**Commissioner for Patents**  
**Washington, D.C. 20231**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

05/15/2001 HMOHAMM1 00000093 210800 09595515  
01 FC:217 445.00 CH

Fee: \$445.00

**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))**

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

- ☒ Deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Date:

5/9/01

**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Gary M. Anderson

(type or print name of person certifying)

(Amendment Transmittal--page 1 of 2)

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### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

		OTHER THAN A SMALL ENTITY				
(Col. 1)		(Col. 2)	(Col. 3)			
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	20	Minus	20	= 0	x \$18 =	\$0
Indep.	6	Minus	6	= 0	x \$80 =	\$0
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
				Total Addit. Fee		\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

### FEE PAYMENT

5. Please charge \$445.00 fee to our Deposit Account No. 21-0800.

### FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 21-0800.  
If any additional fee for claims is required, charge Account No. 21-0800.

Date: 5/9/01

  
Signature of Practitioner

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